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TO: Commissioner for Patents  
 USPTO FACSIMILE No.: (571) 273-8300  
 USPTO REFERENCE: Applicant: Haffner et al.  
 Serial No.: 10/634,213  
 Filed: August 5, 2003  
 Title: DEVICES AND METHODS FOR GLAUCOMA  
 TREATMENT  
 ATTORNEY: James W. Hill, M.D.  
 PHONE No.: (949) 760-0404  
 ATTORNEY DOCKET No.: GLAUKO.011CP1  
 TOTAL PAGES: 12 (INCLUDING COVER SHEET)  
 DOCKETING AGENT: Charlotte Disto-Masudal  
 DATE: November 4, 2005

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MESSAGE: *Attached for filing in the above-referenced application are:*

Response Transmittal in 1 page; Response to Restriction Requirement in  
 10 pages

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**USPTO FACSIMILE TRANSMITTAL SHEET**

Docket No.: GLAUKO.011CP1

**CUSTOMER NO. 20995**

Applicant	:	Haffner et al.
Appl. No.	:	10/634,213
Filed	:	August 5, 2003
For	:	DEVICES AND METHODS FOR GLAUCOMA TREATMENT
Examiner	:	Leslie R. Deak
Group Art Unit	:	3761

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 marked attachments, are being transmitted via  
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 (571) 273-8300 on the date shown below:

November 4, 2005

(Date)

James W. Hill, M.D., Reg. No. 46,396

Transmitted herewith for filing and consideration in the above-referenced application are the following items:

(3) Response to Restriction Requirement in 10 pages.

**FILING FEES:**

FEE CALCULATION				
FEES TYPE		FEES CODE	CALCULATION	TOTAL
Total Claims minus 20; or Previously Paid	51 - 51 = 0	1202 (\$50)	0 x 50 =	\$0
Independent minus 3; or Previously Paid	15 - 15 = 0	1201 (\$200)	0 x 200 =	\$0
<b>SUB TOTAL</b>				<b>\$0</b>
The present application qualifies for Small Entity status under 37 CFR § 1.27. Fee reduced by 2.				(\$0)
				<b>TOTAL FEE DUE</b>
				<b>\$0</b>

Please charge the total fees due in the amount of \$0 to Deposit Account No. 11-1410.

The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.

*JW/H*  
 James W. Hill, M.D.  
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GLAUKO:011CP1

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Haffner et al.  
Appl. No. : 10/634,213  
Filed : August 5, 2003  
For : DEVICES AND METHODS FOR  
GLAUCOMA TREATMENT  
Examiner : Leslie R. Deak  
Group Art Unit : 3761

## RESPONSE TO RESTRICTION REQUIREMENT DATED OCTOBER 5, 2005

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In the above-reference application, please consider the following amendments and remarks in response to the restriction requirement dated October 5, 2005:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.